

# **FEE CALCULATION SHEET** (FOR USE WITH FORM PTO-875)

SERIAL NO. **10/529854**  
FILING DATE  
APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		2		2		
5	1		1			
6		1		1		
7	1		1			
8		1		1		
9		2		2		
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17		1		1		
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TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←	3	←		←	
TOTAL CLAIMS		26				
		29				

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
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TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						